Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Unique Dental Care

409 Norwood Road, West Norwood, London, SE27 9BU

Tel: 02087667430

Date of Inspection: 11 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Vahida Hashemi
Overview of the service	Unique Dental Care provides both NHS and private dental treatment. The practice has three dental surgeries, with six dentists working at the practice, one hygienist and four dental nurses. Only one dentist and two dental nurses were working on the day of our inspection.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with the dentist working on the day, two dental nurses, the practice owner and the practice manager. We reviewed ten sets of care records and spoke with one person using the service.

Staff explained to people using the service what treatment they required and what it involved so they could give informed consent. All care records contained a signed consent form. Consent was obtained from an appropriate representative for people who lacked the capacity to consent.

The care records we saw included a treatment plan for people using the service, and a completed medical history form. This ensured that staff were aware of any illnesses, medication or allergies the person had that may impact on the treatment delivered.

The practice was visually clean and there were effective decontamination and cleaning procedures in place.

There were effective recruitment procedures in place and the appropriate checks had been made prior to people starting work. All new staff received an induction to the service to familiarise themselves with local policies and procedures.

The complaints procedure was displayed in the waiting area. One complaint had been made in the last year and had been appropriately dealt with.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff we spoke with told us they used a combination of implied, verbal and written consent. The staff assumed implied consent for the person to be at the surgery and have their dental and oral health checked. Verbal and written consent was gained for any treatment required. The care records we reviewed included signed treatment plans and signed consent forms for payment of the treatment. One person told us, "they explain everything to me."

Staff we spoke with told us they adjusted the language they used to meet the needs of individuals. This was to ensure people using the service understood what was involved in their treatment and were able to give informed consent. For example, many of the staff at the surgery spoke a second language other than English and they would provide a translation service for people who were unable to understand English. Otherwise, the staff would ensure at the time the appointment was made that people using the service knew to bring someone with them who could translate.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Treatment plans and consent forms were signed by parents/guardians for children who required dental treatment. Staff told us that when working with vulnerable adults they would ensure that a carer was present to consent on behalf of the individual if required. Staff told us that if they felt the person was not able to understand the treatment provided or exhibited behaviour that was too challenging for the staff to manage they would refer the person to the specialist care dentistry team for treatment.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Peoples' needs were assessed, and treatment was planned and delivered in line with their individual treatment plan. All care records included a completed medical history form. This outlined any previous illnesses, any medication taken, allergies and the general health of the individual including the amount they smoked and the amount of alcohol they drank. The dentist used the information recorded on these forms to inform the treatment delivered at the practice. One person using the service told us they had a previous illness that was considered high risk and therefore the practice referred them to the specialist care dentistry team to receive treatment.

All care records we looked at included a treatment plan and a summary form for each appointment. These included details of the assessment and treatment undertaken, what follow up care was required and when the person should next be seen by a dentist.

The findings from the latest patient satisfaction survey showed that the majority of people felt the dentist understood their needs, and explained their treatment options to them in a clear and understandable way.

There was good continuity of care for those people seen at the practice and by the specialist care dentistry team. Copies of referral and discharge letters were included in the care records.

There were arrangements in place to deal with foreseeable emergencies. All staff had received first aid, cardiopulmonary resuscitation (CPR), and fire awareness training. The first aid boxes, bodily fluid spillage kits, mercury wash and emergency drugs box were fully stocked and all medicines were in date. The staff undertook regular checks of medical emergency medicines and equipment.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. A new decontamination room had been built which included a clear flow from dirty to clean, with separate entrance and exits doors for dirty and clean instruments. At the time of our inspection the practice was using a manual washing process, whilst they were waiting to receive training on the washer disinfector which had been installed. Staff were able to demonstrate appropriate manual washing techniques and use of the ultrasonic bath. All instruments were checked under an illuminated magnifier for cleanliness before being put into the autoclave for sterilization.

Individual instruments were packaged after sterilization following best practice guidelines. General examination instruments were sterilized on individual trays per person. These trays were not packaged as they were used on the same day. If for some reason they were not used within this time period they were reprocessed and sterilized.

Daily checks were undertaken on the decontamination equipment and the cleanliness of the dental surgeries. These checks ensured the appropriate infection control processes were undertaken at the start and the end of the day. Infection control policies were available to all staff and staff had signed to say they had read it. Regular infection control audits were undertaken and the water had been tested as to whether there was a risk of developing legionella's disease. No concerns were highlighted in the audit or the water testing.

The practice was visually clean on the day of our inspection. The practice had a dedicated cleaner and they were able to demonstrate knowledge of good cleaning practices.

Individual dental surgeries were cleaned in-between people using the service to ensure there was no cross infection. This involved renewing protective covers on all equipment and wiping down the dental chair and all surfaces.

Staff wore appropriate personal protective equipment (PPE), and changed their gloves, face shield and apron in-between working with people. Staff also changed their PPE at each stage of the decontamination process.

Hand washing facilities were available in the decontamination room and in each dental

surgery. Staff demonstrated good hand hygiene on the day of our inspection.

There were appropriate procedures in place to dispose of clinical waste. A contract was in place to ensure regular disposal of all clinical waste, including sharps and waste amalgam.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. All staff had a job description and the majority of staff had a signed contract of employment. At the time of our inspection the practice was in the process of recruiting a dentist. We saw evidence of appropriate recruitment processes and short-listing processes for interview. The records of a newly recruited member of staff showed a completed application, evidence of qualifications and appropriate experience, and completion of an interview. The provider may find it useful to note that this person's records showed they had started work before the submission of references from a previous employer. The practice owner told us they had requested references and were happy to receive the references within the person's probation period.

Appropriate checks were undertaken before staff began work. All clinical staff had completed a clinical records bureau check. All dentists and dental nurses were registered with the general dental council (GDC).

An induction process was in place for all staff which included reading the practices policies, becoming familiar with local procedures, and shadowing more experienced staff members.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. The complaints procedure was displayed in the waiting area outlining the ways in which a complaint can be made. However, the provider may find it useful to note that information relating to complaints was not readily available to people who were unable to read English.

We asked for and received a summary of complaints people had made and the providers' response. During the last year only one formal complaint had been received. We saw evidence that this complaint had been investigated by the practice owner and a response had been made to the complainant. The practice's complaint's policy outlined that all complaints were to be acknowledged within two working days and responded to within ten working days, and we saw the response to the complaint made was in line with these deadlines.

A local audit of the complaints procedure had been undertaken which did not highlight any concerns with the process. The findings from a latest patient satisfaction survey showed that the majority of people felt confident their complaints would be dealt with appropriately.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk